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**“Don’t be stupid, Stupid!”: Cognitive-behavioral techniques to reduce irrational beliefs and enhance focus in a youth tennis player**

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Abstract

The case reports the intervention approach adopted while working with a youth tennis player. The athlete held irrational beliefs and was struggling to maintain emotional control. The neophyte sport psychology practitioner adopted a cognitive-behavioral approach to practice. The intervention focused on: (1) using Rational Emotive Behavior Therapy (REBT) to replace unhelpful beliefs about unforced errors with a new rational philosophy; and (2) using a distraction control plan to restructure the thoughts and beliefs of the player in relation to opponents' perceived gamesmanship. Intervention effectiveness was evaluated through qualitative data from the athlete, his parents and the reflections of the practitioner. Feedback suggests REBT and distraction control plans can be effective in assisting youth athletes to manage their thought patterns and improve emotional control during competition. This case also demonstrates the importance of practitioners having a flexible and adaptable approach to practice: one that meets individual client needs.

*Keywords: sport psychology, professional development, youth sport, REBT, irrational beliefs, distraction control*

**Context**

At the time of this case, I was a trainee Sport and Exercise Psychologist in the United Kingdom. I was working in the public and private sectors with a range of clients from individual and team sports. I had already completed a masters qualification in Sport Psychology. This meant I met part of the criteria to become chartered with the British Psychological Society (BPS), known as *Stage 1*. I was building my professional qualifications by undertaking a Professional Doctorate in Sport and Exercise Psychology. Completion of this course constitutes the final stage of the official routeway, known as *Stage 2*, to becoming a Chartered Psychologist with the BPS. Successful completion of *Stage 2* also leads to eligibility to apply for registration with the Health and Care Professions Council (HCPC), the statutory regulator for practitioner psychologists in the UK.

Besides my applied role, I was also engaged in a number of research projects as part of the Professional Doctorate. My research interests included motorcycle road racing, long-term injury, and athlete development. As a doctoral student and an applied sport psychology practitioner, my career spanned the boundaries of academia and practice (Posner, 2009). Having experience in both worlds offered significant advantages to my applied work. It allowed me to develop effective solutions rooted in sound understanding of academic theory, evidence-based research, and practical experience. Yet, working in multiple roles also presented several challenges, not least understanding the real-world practitioner context. Further, although I had acquired a solid knowledge base in applied sport psychology through the BPS Stage 1 process, I also knew the uncertainty derived from a lack of practicum experience could leave me with the overwhelming sense of being *thrown to the wolves* (Tonn & Harmison, 2004). Like many neophyte sport psychology practitioners, I had anxieties about my skills and knowledge (Tod, Anderson, & Marchant, 2011). Yet, the nature of the abundant peer, mentor, and supervisor support available on the Professional Doctorate,

helped to mitigate any feelings of inadequacy, isolation, and self-doubt. In this case, I was able to draw on peers for sport-specific information. I also drew on supervisors for intervention-specific guidance. These support mechanisms are vital for practitioner development (Tod et al., 2009) and for maintaining well-being (McCormack et al., 2015).

### **Service Delivery Philosophy**

Thus far in my short career I had operated from a humanistic theoretical paradigm. Humanistic models elevate “holistic development of individual human potential as the primary concern of psychology” (Hill, 2001, p.107). I based my professional philosophy on this holistic development of an individual’s potential. This was informed by my fundamental beliefs that each person is unique and the client, rather than the practitioner, is best placed to provide insight into the problem and the solution (Rogers, 1951). Using a person-centred approach to counselling (Rogers, 1951), I had not been constrained by traditional psychological skills training procedures. Such procedures often have a narrow focus on performance enhancement (Hardy, Jones, & Gould, 1996). The person-centred approach investigates non-sport-related areas of client coping and growth, alongside performance concerns (Danish & Hale, 1981). This method of working had proved successful with a client base of more experienced, senior athletes. But, I was also keen to explore other theoretical paradigms and models of practice. I believed that, without practical experience of some of the alternatives, my decision making and holistic development as a practitioner would be compromised. To provide optimal service delivery, it was important to find paradigms and models of practice congruent with my beliefs about myself and service delivery (Lindsay, Breckon, Thomas, & Maynard, 2007; Tod & Bond, 2010).

I had not worked with someone as young as Tom before. This lack of experience led me to question how appropriate my preferred approach to practice would be with one so young. Acknowledging my doubts, I returned to the literature, exploring the operation of a

wider range of individual therapies (for example, Dryden, 2007). This deeper understanding allowed me to consider different models of approach and congruent interventions with empirical support for their efficacy. I also used the Lindsay et al. (2007) paper as a basis for discussion with two experienced sport psychologists. These people challenged me to verbalise my core values and beliefs and explain their importance to me. They also challenged me to discuss a number of therapeutic interventions and how closely aligned they were to my philosophy. These conversations, and subsequent personal reflections, allowed me to become more self-aware. Greater self-awareness, together with the knowledge I had gleaned from the literature, helped me formulate various means of meeting client needs while maintaining congruence with my core values and beliefs. These conversations also explored the ethical considerations of working with young athletes. Topics included parental consent and safeguarding, together with more pragmatic issues such as the pros and cons of parental attendance during service delivery.

The dominant method for delivering sport psychology services has traditionally come from a cognitive-behavioral theoretical paradigm (Lindsay et al., 2007). It was an approach I had not intentionally used in applied practice. The cognitive-behavioral approach is rooted in the assumption that perceptions or thoughts play a major role in a person's emotional and behavioral responses to a situation (González-Prendes & Resko, 2011). Negative or irrational thoughts can lead to psychological distress, resulting in maladaptive behavior. Cognitive-behavioral interventions work by providing new ways to think, feel and act in stressful situations. This empowers athletes to be in control of their thoughts and to understand how those thoughts affect feelings and behaviors (Shanmugam & Jowett, 2017).

Around this time, I read about the application of REBT to increase athletes' functioning and reduce irrational beliefs (Turner, Slater & Barker, 2014; Wood, Barker & Turner, 2017). REBT is part of the broad family of therapies considered to be cognitive-

behavioral. Indeed, it is the first cognitive-behavioral therapy and predates Beck's cognitive therapy (Bennett & Turner, 2018). REBT (Ellis, 1957) is a humanistic cognitive-behavioral approach receiving growing attention in sport literature (Turner, 2016a). REBT advocates a humanistic philosophy, focussing on the person, not the athlete or the performance (Turner, 2016a). REBT aids people to "maximise their individuality, freedom, self-interest, self-control, and helps them live in an involved, committed, and selectively loving manner" (Ellis, 1984, p.23). Ellis and Dryden (2007, p.3) suggest "humans are at the center of their universe (but not of *the* universe) and have the power of choice (but not unlimited choice) with regard to their emotional realm." Indeed, REBT has a pronounced humanistic-existential outlook, with roots in the existential philosophies of Heidegger and Tillich (Ellis, 1973, 1996). REBT shows how individuals, in an all-too-human manner, create much of their emotional disturbances and have the ability to *uncreate* them (Ellis, 1996).

Cognitive-behavioral techniques are traditionally associated with a practitioner-led style of delivery. Client-led delivery is seen to represent more humanistic, counselling, and Socratic approaches (Keegan, 2010). Yet, this is only presented as a general heuristic for neophyte practitioners grappling with these issues for the first time (Keegan, 2010). In reality, sport psychology practitioners rarely operate from either end of the continuum. This realisation was a *lightbulb* moment for me. It showed I could operationalize REBT via different means, in a certainist, practitioner-led manner or with a construalist, collaborative approach.

Cognitive-behavioral interventions have proved particularly efficacious in a sporting context with novice and youth athletes (Tod, Hardy & Oliver, 2011). Through engagement with empirical literature (for example, Turner & Barker, 2013), case studies (for example, Wood & Woodcock, 2018) and contemporary online resources (for example, Abrahams, 2018), I recognised how beneficial REBT could be to youth athletes. Youth athletes often

hold rigid, inflexible thoughts and beliefs. REBT also appeared to be congruent with my beliefs and values. This case represented a first foray for me into the cognitive-behavioral domain, albeit with a humanistic slant. In the first part of the case study, I present the case, including the context, assessment, and intervention, along with the reasoning behind my decisions and actions at the time. In the reflection section I discuss how I evaluated my effectiveness, challenges I experienced working with Tom, why I selected the intervention model, and how I would work in a different manner today.

### **The Case**

The client presented in this case study (Tom) was, at time of consultation, a 12-year-old playing multiple sports. His physiotherapist contacted me, to ask if she could put me in touch Tom's mother. Based on conversations between the three of them, the physiotherapist believed that sport psychology support would be beneficial for Tom. I agreed to have my contact details shared and Tom's mother began messaging me. We supplemented our message exchange with a phone call the next day. Given the immediacy of the response and the information I had gleaned from the physiotherapist, it was clear Tom's parents were supportive of his sporting pursuits. But, I recalled an article suggesting that a strength overplayed can become a weakness (Kaplan & Kaiser, 2009). Overly enthusiastic parental support can have a negative effect on youth athletes' wellbeing and psychological development (Wadsworth, 2019).

Tom was adept at a variety of team and individual sports, but his preferred sport was tennis. He had been playing for approximately four years since the age of eight. Over the last year he had played more competitive Tennis and continued to make steady progress. He ranked top-100 in the UK national rankings in the Under-12 age group. Players earn ranking points through national, regional and county level competition. This resulted in Tom and his parent(s) travelling across the UK to tournaments on a regular basis. Tom was due to move



up to the Under-14 age group in a few months. This transition meant competing against athletes with a significant size and power advantage. His short-term competition focus was to “give a good account of himself” at the UK National Championship and the Road to Wimbledon competitions. His longer-term ambition was to have a career on the professional tour.

Tom came from a close-knit and supportive nuclear family, both parents being professionals. They appeared to have high expectations of Tom fulfilling his potential in all aspects of his life. Tom was the younger of two siblings. His older sister had little interest in sport, involving herself in more creative and artistic pursuits. Tom attended a private school. He had no major exams or obvious school stressors looming. He excelled in the academic environment and enjoyed music and reading. Due to his diverse interests, Tom had a diverse group of friends. Most were from outside the tennis environment. Nonetheless, he indicated he sometimes missed out on social occasions with friends due to tennis commitments. Tom had regular sports massage and physiotherapy at a local clinic. He had no chronic injury concerns. Neither Tom nor his parents had worked with a sport psychologist before.

### **Needs Analysis**

The better and more thorough the needs analysis, the more bespoke and appropriate the intervention can be, and the more likely it is to work (Keegan, 2016). A broad range of needs analysis considerations have been suggested including interviews, informal chats, observations, psychometrics, stakeholder analysis, and analysis of the sport (Keegan, 2016). These needs analysis considerations are compatible with different philosophical standpoints and different practice styles (Keegan, 2016). The needs analysis methods adopted in this specific case were semi-structured interviews, informal conversations, stakeholder analysis, and analysis of the sport. These techniques fit within my overarching construalist / client-led philosophy of practice. One could argue that stakeholder analysis introduces a certaintist

195 element, thereby creating the risk of an eclectic approach. At the time of the case, coherence  
196 in the needs analysis was a confusing area for me and a confusing area for many trainees  
197 (Tonn & Harmison, 2004).

198         Before conducting an intake interview, I spoke to Tom's mother over the telephone.  
199 In this initial conversation, she gave me some context and outlined the issues she felt Tom  
200 was experiencing. Tom's mother also believed it would be useful for me to speak to his  
201 physiotherapist, to help understand the wider context. I explained to her about patient  
202 confidentiality and informed consent. Tom's mother provided us both with written consent.  
203 The physiotherapist was authorised to share background information with me that might be  
204 useful for my work with Tom. At that point, I was able to assimilate the information from  
205 Tom's mother with the limited information received from the physiotherapist.

206         I had not worked in tennis before. As such, I undertook an analysis of the sport to  
207 understand the specific demands and the terminology Tom might use. Tennis is a sport that  
208 includes natural breaks in play. These regular breaks provide opportunity for competitors to  
209 review, refocus and revisit their psychological strategies. Sport-specific knowledge allows  
210 conversations to flow more smoothly and such preparatory work is important in helping to  
211 build rapport (Keegan, 2016). This diligence prepared me well for the intake interview and  
212 allowed me to tentatively consider some factors of the case, together with the challenges of  
213 the sport.

214         The next stage of the preliminary needs analysis process was a face-to-face meeting.  
215 This involved me, Tom and both of his parents. I assessed Tom and his presenting issues  
216 using an adapted version of Taylor and Schneider's (1992) Sport-Clinical Intake Protocol  
217 (SCIP; as suggested by Keegan, 2016). I adapted the SCIP to avoid alienating Tom by  
218 probing about clinical issues (Andersen, 2000). SCIP provides a semi-structured interview  
219 guide. It allows the psychologist to generate and record enough client history to inform the

needs analysis and intervention selection process, prove due diligence, and give clients an informed choice (Keegan, 2016). I found the protocol supportive. It ensured I elicited information from Tom about wider areas of his life, outside sport. It was also flexible and open-ended enough to allow Tom and his parents to talk about matters they felt were important. It did not restrict them to pre-determined themes. Basing the interview on SCIP and triangulating data from different sources, using a range of needs analysis methods, gave me confidence I would collect sufficient relevant information to understand Tom's predicament. Observation of Tom in a tournament situation would have been beneficial but was not possible at the time due to scheduling.

Psychometrics have a long tradition in the cognitive and behavioral therapies. In theory, they provide objective data on an individual's functioning. Yet, there was difficulty in identifying an instrument with theoretical, statistical, and ecological validity (Collins & Cruickshank, 2017). Furthermore, I was sceptical about the utility of psychometrics in this case. As such, I determined not to use psychometrics. I understood this omission would make it difficult for me to be objective when evaluating the intervention and I discuss this point later.

### **The Presenting Problem(s)**

Tom recounted a recent regional contest at which he had made several unforced errors. These led to him losing his temper and getting upset about making 'silly' and 'stupid' mistakes. He was still upset and annoyed about the mistakes in the following set. This led him to lose focus, lose points, and lose the match. He felt that if professional tennis players did not make unforced errors, he should not either. He also struggled to stay focused in the face of distractions. He struggled when opponents made line calls he deemed to be 'unfair' and used techniques to keep him waiting or try to distract him (for example, taking long toilet breaks or making him wait after changing ends). This often led to him losing emotional control. He

became angry and frustrated at opponents' behavior. When he lost focus, Tom used motivational self-talk to try and gather himself. He used phrases such as "keep fighting" but with limited success.

I initially considered a counselling approach to service delivery. Tom's parents were keen for Tom to be *helped* prior to an upcoming tournament. This meant our time working together would be limited to a maximum of four weeks. Also, given Tom's young age, I questioned how long it would take to build the necessary rapport and whether he would engage with such an approach or not. Corlett (1996) suggests that when time-limited, or an athlete is not ready or willing to engage in counselling, more direct approaches may be most suitable.

Following the initial assessment, it appeared the aims of the intervention programme should be twofold. First, to challenge and replace Tom's unhelpful irrational belief that professional players do not make unforced errors. Second, to help Tom remain focussed on task-relevant cues and control his emotions on court. This highlighted an obvious compatibility with the cognitive-behavioral approach, whereby dysfunctional cognitions and emotions are modified to change how people think, feel, and behave.

In formulating the case, I began to explore belief challenge, based on Ellis' (1957) REBT as the basis of support, complimented by a distraction control plan (Orlick, 2008). As noted, I had read contemporary literature on the application of REBT in sport. It appeared applicable to a variety of situations. In this case, the athlete presented a genuine need for belief change that REBT was well placed to address. The main purpose of REBT is to challenge and dispute an unproductive, 'irrational' philosophy. The irrational philosophy is then replaced with an effective new 'rational' alternative. There is a growing literature base on REBT in sport, and mounting evidence for its efficacy with youth athletes (Turner & Barker, 2013; Wood, Barker & Turner, 2018; Wood & Woodcock, 2018; Yamouchi &

Murakoshi, 2001). Turner and Barker (2013) employed a brief REBT intervention with youth cricketers. This entailed one 20-minute counselling session per week for three consecutive weeks, together with two homework assignments. Results, based on quantitative measures, showed players experienced a reduction in irrational beliefs. Yamouchi and Murakoshi (2001) also used a brief REBT intervention to reduce cognitive anxiety in youth tennis players. Brief therapy is defined as 11 sessions or less and REBT lends itself well to brief work (Dryden, 2019). Brief REBT can be as effective as long-term REBT (Palmer, 1995). As such, it may be particularly suitable for application to sport where more time-intensive therapies are not always practical (see Turner & Barker, 2013). Indeed, Wood et al. (2016) suggest REBT is most effective on a one-to-one basis, over a brief series of sessions.

In a comprehensive examination of the psychological characteristics of peak performance, Orlick and Partington (1988) found distraction control to be a key element of success for Olympic athletes. Orlick (2008) defines distraction control as “the ability to adapt, refocus, and stay positive and focussed in the face of distractions” (p.89). Distraction control works through the mechanisms of attention control. For example, attentional narrowing to optimise focus, combined with cue utilization and relevance, where task relevant cues are attended to and task irrelevant cues are excluded. Orlick (2008) suggests this ability is critical for consistent, high-level performance in pressure situations. Quality mental preparation for competition, which included a plan for dealing with distractions, was a common element of success for the very best athletes (i.e., Olympic medallists and world champions) across many sports (Orlick & Partington, 1988). These plans link to consistent, repeatable pre-performance routines that assist athletes with preparation for skill execution. The athletes performing at a consistent high level had excellent strategies for refocussing when faced with distractions. Distraction control plans have also been successful in golf (McCaffrey & Orlick, 1989), tennis (Weinberg, 2006), and with adolescents in sporting

summer camps (Glover & Fry, 2019). These findings, in Tom's sport and age group, suggested that a distraction control plan may be appropriate for him.

Distraction control has received significant attention for performance enhancement. But, the technique can also help with psychological well-being and mental health in youth athletes through holistic development (Bailey et al., 2009; MacNamara, Button, & Collins, 2010a, b). The growing body of evidence from the life skills literature (for example, Cronin et al., 2018) is consistent with these earlier findings. Thus, the use of psychological skills training to accelerate the learning of coping skills may be beneficial for youth athletes for both performance and wellbeing.

### **Intervention**

The intervention took place across four sessions over a 4-week period. The time period was limited as Tom's parents were keen for Tom to be *helped* prior to an upcoming tournament. REBT delivered over three to five sessions is commonplace in the literature, and the structure of those interventions all follow the same process as that described in Table 1 (Davis & Turner, 2019; Deen, Turner, & Wong, 2017; Turner & Barker, 2013; Wood, Barker, Turner, & Sheffield, 2018). Meetings took place in a quiet corner of a local coffee shop. The first session involved me and Tom, with subsequent sessions including his father (see Reflections). The first session was designed to continue the needs analysis process, foster rapport building and to introduce the intervention. Thereafter, the sessions led Tom through the intervention, stage by stage. This allowed him time to reflect on the material covered.

\*Insert Table 1\*

**REBT intervention.** In REBT, athletes are introduced to the ABCDE framework.

The framework helps athletes to understand that adversity (A) alone, an event, does not cause unhealthy emotional and behavioral consequences (C). Ellis and Dryden (1997) suggest that irrational beliefs (B) about the adversity are often the real cause. Athletes then learn to

dispute (D) their irrational beliefs and are encouraged to form a new effective rational philosophy (E) as an alternative (Turner & Barker, 2014). Disputation aids athletes to understand their irrational beliefs are false, illogical, and unhelpful, and that rational alternatives, by contrast, are true, logical, and helpful (Dryden, 2009; Dryden & Branch, 2008). I used this ABCDE framework to guide the intervention process. I separated the REBT intervention into three distinct phases: education (ABC); disputation (D); and effective rational belief (E).

***Education phase.*** The education was conducted over the first two sessions. The primary aim was to teach Tom the ABC model of REBT. We achieved this by working through his situation, stage by stage. I explained the relevance of each part of the model as we progressed. I also provided Tom with a basic explanation diagram (adapted from Turner & Barker, 2013) to take home and review in his own time. I wanted to help Tom understand how his beliefs about the situation caused him to feel certain emotions (i.e., the B-C connection) rather than him viewing the adversity as causing his response (i.e., A-C thinking). This is often an interesting and liberating process for athletes as they come to realise they have volition and autonomy over their beliefs (Barker, 2018).

***Unhelpful responses (C).*** Through Socratic dialogue, Tom was quick to identify the main emotional, behavioral, and cognitive reactions to his situation. He was also able to pinpoint how these reactions affected his performance. He identified the overwhelming emotions of anger, frustration, and disappointment in response to making mistakes.

***Finding the adversity (A).*** After understanding the unhelpful responses, the next stage in the REBT framework was to identify the specific adversity Tom was experiencing. This is sometimes referred to as the ‘Critical A’ (Dryden & Branch, 2008). Practitioners can determine the ‘Critical A’ through a technique known as downward arrow. Downward arrow follows the logical implications of a client's key automatic thought(s) in order to discover

## REBT AND DISTRACTION CONTROL IN YOUTH ATHLETES

345 performance interfering beliefs or silent assumptions (Neenan & Dryden, 1999). Often, the  
346 initial problem noted at A is not the real underlying issue that needs to be addressed (Palmer,  
347 2009). A representation of how I proceeded is described below (adapted from Palmer, 2009):

348 Sport psychology practitioner (SPP): What is it about not giving a good performance  
349 in competitive matches that gives rise to your feelings of anger and frustration?

350 Client: I should be doing better. I know I can play better.

351 SPP: What is it about underperforming that frustrates you?

352 Client: Making silly mistakes. Unforced errors. I shouldn't be doing that.

353 SPP: So, when you make an unforced error you get frustrated and angry?

354 Client: Well, making one unforced error is ok. More than one is stupid.

355 SPP: And what is stupid about making multiple unforced errors?

356 Client: It means I'm not learning.

357 (The SPP then reviews the interfering thoughts and beliefs with the client to establish  
358 the Critical A.)

359 SPP: I'd like to review what we've covered. It is possible you are frustrated and angry  
360 about a number of issues: (1) you know you can play better; (2) making a silly  
361 mistake; (3) making multiple unforced errors; and (4) not learning. When you are  
362 getting angry and frustrated what do you think you are most angry and frustrated  
363 about?

364 Client: I'll always think I can play better... and I know the odd mistake is going to  
365 happen. But making lots of silly mistakes, unforced errors... that's just stupid. I can't  
366 stand making the same mistake twice.

367 SPP: Are you saying that it's not so much the overall performance you're angry and  
368 frustrated about but making multiple unforced errors?

369 Client: Yes. Yes. That's it.



(The SPP has derived the most relevant aspect of the adversity, the Critical A.)  
Downward arrow enabled me to identify that making multiple unforced errors was the critical adversity.

*Irrational beliefs (B).* After clarifying the critical adversity, I began to explore with Tom the stress inducing, performance interfering or resilience reducing thoughts and beliefs he held. I used questions such as “What are you telling yourself about unforced errors that is causing this response?” Tom responded that it was “stupid” or “silly” to make unforced errors and “why can’t I learn from these mistakes.” Resistance is often apparent with this line of questioning (Barker, 2018), but Tom offered little. It was clear that Tom held a firm belief that “professional players do not make unforced errors”. His aspiration was to be a professional tennis player. As such, he struggled to accept making unforced errors himself. To ensure my understanding was correct, I reflected the belief back to him. He confirmed. It appeared that failing to meet the rigid demand of emulating professional players in not making unforced errors was causing Tom’s self-depreciation beliefs.

At this point, in preparation for the disputation phase, I explained again the ABC model. I again stressed the importance of the B-C connection rather than A-C thinking. The schematic representation below (see Table 2, left column) provides a summary of the main adversity, irrational beliefs, and unhelpful consequences. It also highlights why I selected REBT as an appropriate intervention for Tom’s situation.

\*Insert Table 2\*

***Disputation phase (D).*** In disputation, the athlete is challenged on their beliefs. Being active-directive and challenging too soon can damage rapport and reduce the effectiveness of the intervention (Morris, Tod & Eubank, 2018). Yet, younger athletes are typically more open to abandoning their irrational beliefs and adopting new rational beliefs (Wood & Woodcock, 2018). We had scheduled our third consultation for the day following the

Australian Open singles final. I decided to use statistics from that event (see <https://ausopen.com>) to empirically dispute Tom's unhelpful belief that professional players do not make unforced errors. I presented a document detailing the statistics to Tom and his father. They both appeared surprised at the high number of unforced errors made in the final, and in general by champions in Grand Slam finals. We discussed Tom's pre-existing beliefs around unforced errors. We also discussed conditions that might lead to unforced errors in a match situation (for example, loss of concentration and aggressive play / trying to hit winners). Our discussion resulted in Tom having a wider appreciation of why unforced errors might occur in the wider context of the game. Following this phase of the intervention, I provided Tom with a simple schematic outlining the ABC model he had described.

The empirical disputation was supplemented with Socratic dialogue around the logic (Can you make multiple errors and still win? Must you play a perfect match?) and helpfulness of Tom's current beliefs (Table 2; iB). This laid the groundwork for introducing a new rational philosophy (Table 2; rB). It also offered an opportunity to discuss more optimal ways to think, feel and behave. At this point we also discussed Tom's use of motivational self-talk. We considered how we could integrate self-talk to help support an effective rational belief (see Table 2, right column).

#### ***Effective rational belief phase (E).***

I conducted the main reinforcement phase over the final two sessions. This incorporated cognitive and behavioral techniques (Dryden & Branch, 2008). Following reinforcement, I provided Tom with another schematic outlining the ABC model reflecting his new rational beliefs and preferred responses. At all stages of the process, I encouraged Tom and his father to discuss the material covered at home so they could raise any queries with me at the earliest opportunity.

*Rational credo.* Tom summarised his new rational beliefs into a short mantra, “it’s fine, head up, step in.” This was adapted from the athlete rational resilience credo (ARRC; Turner, 2016b) and Tom’s current self-talk. The use of rational credos is common in REBT to help reaffirm rational philosophies (Dryden, 2007). In more recent times, Turner (2016b) has used rational credos in a sporting context.

*Behavioral strategies.* Although Tom was quick to adopt this new rational belief, I was concerned his irrational belief might return under the pressure of competition. I suggested some behavioral tasks that might help Tom to reaffirm his new rational belief. According to Self-determination Theory (Deci & Ryan, 2000), autonomy is a psychological need that can enhance intrinsic motivation, leading to greater levels of task engagement, task persistence, and more effortful action. As such, I encouraged Tom to choose his preferred strategy. His favoured method was to write the mantra in his journal each evening as a daily affirmation. This is a technique drawn from positive psychology (Steele, 1988). Tom determined he would practice the new mantra in training before introducing it into a competition environment. Tom also asked his father to help him review how effectively he had used the mantra. They planned to do this each evening after practice.

**Distraction control plan.** One key mental skill shown to distinguish great performers from the rest, is the ability to stay focused in the face of distractions (MacNamara et al., 2010a, b; McCaffrey & Orlick, 1989; Orlick & Partington, 1988). Distraction control is a skill athletes can master through positive focus planning and regular practice (Orlick, 2008). Distraction control plans can also help athletes to build the resilience required for high performance sport (Orlick, 2008). Young people are often ill equipped to deal with many of the challenges of sport, which has prompted a resurgent interest in resilience and how that impacts on sports performance (White & Bennie, 2015). Adolescents with a range of coping

strategies can better deal with stress and are more likely to demonstrate resilient behaviors in times of adversity (Galli & Vealey, 2008).

Based on the needs analysis, Tom's loss of focus appeared to emanate from his opponents' behaviors, some of which he perceived as unsporting. During session two, we discussed why an opponent might wish to engage in these types of distracting behaviors. Tom surmised this could be because they were worried about him beating them. We continued with this Socratic dialogue. Tom concluded that if opponents focus on trying to distract him then they are not focussed on task-relevant cues. He appreciated that a positive reaction would give him a competitive advantage. Over the next week, I asked Tom to recall other similar situations that had occurred and his normal response to those events.

***Creating the plan.*** In the third consultation, Tom gave me some examples of on-court situations which caused him to lose focus. I used this information to populate the plan. We then ran through a worked example of how he might think, feel and behave in a certain scenario. For example, opponents keeping him waiting on court by taking long toilet breaks. We discussed the use of self-talk as a refocus reminder and I stressed the importance of using language that would be meaningful to him. Tom commented that "yes" is the positive self-talk and refocus reminder he uses after hitting a winner. I suggested this might be appropriate to use in these scenarios too, as the opponents' behavior suggested a lack of confidence on their part and a positive development for him. I left this with Tom and his parents to discuss as a 'homework' assignment (see Table 3). Tom returned the following week (session four) with a populated distraction control plan. We discussed each scenario he had outlined. Each scenario included his current and preferred responses and the refocus reminder. Tom appeared energised from having worked his way through the process and was eager to face those behaviors on court.

\* Insert Table 3\*

*Acting on the plan.* The final challenge was to put Tom's distraction control plan into effect. Again, we discussed several options as to how Tom could internalise the plan, so he had a reliable heuristic to draw on in high pressure situations. He determined to place the plan in a prominent position on his bedroom wall. That way he would see it often and internalise it. Tom also sought methods by which he could practice his developing psychological skills in training. We discussed how he and his coach determined general objectives for individual training sessions and how he could include refocusing after mistakes as a specific session goal. It also transpired that Tom had an informal review process after each training session or competition. Tom and his father resolved to discuss refocusing as part of this review in future. I was confident Tom would implement and develop the plan effectively, thanks to his diligence, maturity, and supportive parents.

## Evaluation

Following the culmination of our agreed sessions, I provided a written report summarising the work we had undertaken. I also provided Tom with some resources to help him absorb the content at his leisure. Experience has taught me that clients often like to have a summary report to review. In this case, Tom accepted my offer to provide something tangible. Based on qualitative feedback received during and after the sessions, from both Tom and his father, I was confident the intervention would help Tom perform more consistently and enhance his wellbeing.

Around four weeks after the conclusion of our work together, I emailed Tom's parents for additional feedback to further evaluate the efficacy of the intervention. We agreed this during our final session where I had explained the benefits of qualitative feedback for both Tom and me. But, with no response forthcoming, I was immediately surrounded by feelings of anxiety and doubt around my competence. These feelings are common to neophyte applied sport psychologists (Tod, Andersen & Marchant, 2009; Tod & Bond, 2010). At this point, I

could have reached out to my support network but something, perhaps ego, prevented me from doing so. Almost in desperation, I searched online to see how Tom had fared in his most recent competitions. I was disappointed to learn he had been knocked out in the first round of both tournaments. Neophyte practitioners often believe they need to provide interventions that result in immediate and tangible outcomes to justify their involvement with clients (Rønnestad & Skovholt, 2003). With the lack of communication and the poor match results, my assumption was the intervention had been an abject failure and I was the one responsible (Tod et al., 2010). I began to reflect on a regular basis. What had gone wrong? What could (or should) I have done better? As the *expert*, I had been desperate to solve Tom's problems and was hard on myself for falling short.

There is much written in the literature about the difficulty sport psychology practitioners have in evaluating the effectiveness of interventions (for example, Henriksen, 2014). Within cognitive-behavioral therapies, psychometric testing is often used for this purpose, although quantitative assessment is not obligatory. Using psychometrics in this scenario did not align with my philosophy. It lacked congruence with my core values and beliefs. This experience proved useful in prompting me to explore my personal philosophy in more depth. I continue to reflect upon the use of psychometrics and my level of congruence with tools of that ilk.

Three months after the series of consultations ended, I received an unexpected email from Tom's father. The following extract summarises his assessment of Tom's progress:

Thank you for the work you did with Tom. He is doing extremely well and despite lots of struggles and frustrations his tennis has improved markedly. I am pleased to say he is getting better at managing his thought patterns on court and although he does still get upset, particularly if he feels he is playing badly or making mistakes, he is now able to pull himself back and refocus on the rest of the game. This is great to see,

and I have no doubt your guidance has helped. Overall, he is making excellent progress so thank you for your help.

The effectiveness of applied sport psychology is ultimately judged by performance improvements (Anderson, Mahoney, Miles, & Robinson, 2002). Yet, effectiveness of service delivery should not be judged solely by this indicator. A mistake often made by neophyte practitioners (Rønnestad & Skovholt, 2003; Tod, Marchant, & Andersen, 2007). Anderson et al. (2002) suggest four broad indicators for evaluating service provision: quality of support, psychological skill and wellbeing, response to support, and performance. A battery of effectiveness indicators should be used to triangulate data and evaluate service delivery more comprehensively (Robson, 1993).

The external validation from Tom's father and news of Tom's performance progress gave me confidence our time together had been beneficial. It also taught me not to judge my overall effectiveness as a practitioner on short-term outcome measures. Although challenging at the time, this reflection process proved indispensable for my personal development as a neophyte sport psychology practitioner.

### **Reflections**

The integrative use of REBT and distraction control within a person-centred framework of sport psychology support was an apparent success for Tom as it enabled him to improve focus under pressure and enhance the consistency of his performances. That said, I offer some critical reflections on the experience, lessons learned and recommendations for future applied practice. To facilitate critical reflection, I used the Rolfe et al. (2001) model, based on three simple questions: What? So what? Now what? Conscious that personal reflection can be limited by our own knowledge and understanding, I was keen to share my experiences with my supervisor and peers, to facilitate an interchange of views (Knowles et al., 2001). This forum allowed for a deeper level of critical reflection (or meta-reflection) when looking back

at the intervention strategy. It also highlighted how to integrate critical reflection at earlier, decision-making, stages of cases to validate, support, or challenge the case formulation.

The first consideration for future practice is the underpinning philosophical approach to practice taken by neophyte practitioners. Aware of treading a fine line between an integrated and an eclectic approach (Poczwadowski, Sherman & Ravizza, 2004), I was reluctant to stray too far from my humanistic roots. An integrated professional philosophy translates into a well-integrated and coherent service delivery (Poczwadowski, et al., 2004). An eclectic approach is a creative synthesis of perspectives and techniques, underpinned by coherent and rigorous theoretical logic (Poczwadowski, et al., 2004). The danger, for practitioners and clients, is when eclecticism slips into an *anything goes* approach, with no one organizing psychological theory. As such, REBT and other cognitive-behavioral tools were not interventions I would have considered using. But, having discussed the matter with supervisors and peers, it became clear that dogged adherence to a rigid approach brought its own challenges. Furthermore, having engaged more with the literature, I was able to challenge my assumptions about REBT and CBT not being compatible with humanistic philosophy. On reflection, there may be a reluctance for neophytes to embrace different approaches due to their educational background, limited exposure to alternative applications and interventions, and favoured approaches being touted by trusted mentors. This case provided me with an opportunity to expand my knowledge and experience of the cognitive-behavioral approach. It was the first-time belief change formed the primary aim of support and the first time I had used a specific belief change strategy. This lack of experience contributed to my lack of confidence in delivering the intervention. A narrow skillset can be limiting for practitioners. A flexible and adaptive approach, meeting individual client needs, is more important than rigidity in a *pure* philosophy. Neophyte sport psychology practitioners should be cognisant of the dangers of inflexibility. Practitioners often encourage flexible



568 thinking in our clients, and, in this regard, we would be wise to follow our own guidance in a  
569 measured and cautious manner.

570         A major benefit of REBT is that it is easy to follow. As such, it is particularly well  
571 suited to younger athletes. I spent little time explaining the process and was quickly able to  
572 help Tom change his beliefs through the intervention. Furthermore, I found the ABC  
573 structure to be a useful investigative tool to understand how, young athletes especially, think,  
574 feel and behave; a tool I have used many times since. Tom also found the distraction control  
575 plan an easy concept to grasp. It allowed us to quickly move through the process and let Tom  
576 implement something tangible straightaway. In addition, both interventions were completed  
577 over a brief period. Taking a pure humanistic approach, may have been as effective in terms  
578 of outcome but, likely, would have taken longer to complete. Hence, cognitive-behavioral  
579 approaches may be more appropriate in time-limited circumstances.

580         The BPS Stage 2 is an accredited process for developing competency in sport  
581 psychology practitioners in the UK. There is value for trainees in undertaking continuing  
582 professional development (CPD) courses in psychological techniques beyond supervision, the  
583 teaching they receive in education and their independent reading. The 2020 3-Day Primary  
584 Certificate Practicum in REBT (“Albert Ellis Institute”, n.d.) would be an example of  
585 accredited CPD. With hindsight, there were clear gaps in my knowledge around some  
586 fundamental components of REBT. These knowledge gaps no doubt contributed to the  
587 anxiety I experienced and my confidence in delivery. These feelings would likely have been  
588 moderated had I undertaken a CPD course in REBT beforehand. One could argue that formal  
589 training in a technique gives practitioners an additional level of competence and confidence.  
590 This is an issue that trainees ought to consider when using novel techniques.

591         That said, attending accredited CPD courses is not the only way to develop  
592 professional competence in a technique. Supervised ‘hands-on’ training may be just as

valuable. Yet, this is something that could be improved upon in the Stage 2 practitioner development process (Tod, 2007). Additionally, there are pragmatic challenges to consider when considering training through accredited CPD courses. Not least, the cost-benefit relative to individual trainees' stage of development. There is often a significant financial cost associated to CPD. The above course at The Ellis Institute is priced at US\$999. This figure could be inflated to well over US\$2,000 when travel, accommodation, and subsistence are included. This is an impasse for many Stage 2 trainees already saddled with debts from education and training, and, in many cases, struggling to make ends meet. Within a particular chosen theoretical orientation that aligns with practice philosophy, a trainee may draw on many psychological techniques and develop effectiveness in their use. Partly, this is because they are, by definition, in-training and thus still trying things out. Continued practitioner development post-qualification may well include attending and investing in accredited CPD courses. This would seem to be a worthwhile investment to become a 'master-practitioner' in a technique that will become a 'go-to' intervention for the psychologist over the longer term (as a representation of practitioner authenticity). In training, neophyte practitioners are going through a process of individuation to find that out. Individuation is a dynamic and ongoing process where practitioners attempt to understand better, who they are and the influence they have on service delivery (McEwan, Tod, & Eubank, 2019). Individuation can also assist practitioners in realising professional satisfaction and meaning (McEwan, Tod, & Eubank, 2019).

Early in their careers, neophyte practitioners are often under the misapprehension they need to provide interventions that result in measurable performance outcomes (Rønnestad & Skovholt, 2003). They accept too much responsibility for client performance (Tod, 2014). This was a trap I fell into as I searched for validation through Tom's match results. Seeing he had under-performed, although completely unaware of the context, I immediately thought I

too had under-performed. The quest to satisfy my ego, and validate what I had done, led me to attach my self-worth to Tom's match results. I had begun to develop, what Eubank and Tod (2016) labelled, a "sport psychologist identity." My self-esteem had become tethered to my effectiveness as an applied practitioner. That was a 'rookie' mistake. But, an important part of the learning and development process. With experience, supervision and through regular reflection, I have learned not to make that link. Doing good work is enough. I now derive confidence, pride and self-respect from a task-oriented approach (see Nicholls, 1984). Fulfilling my own high standards of performance. Satisfaction from a job well done. In the words of Goethe, "what matters to an active [hu]man is to do the right thing; whether the right thing comes to pass should not bother [them]" (as cited in Holiday, 2017, p. 175).

The characteristic ranked as one of the most important for sport psychology practitioners is high interpersonal skills; this potentially encompasses qualities such as being likeable, approachable, trustworthy, and empathic (Tod, Hutter, & Eubank, 2017; Woolway & Harwood, 2018). These qualities are critical to building rapport. Rapport is critical for effective service provision (Campbell, 2009; Lubker et al., 2008). The constructive relationships I built with Tom and his parents highlight two areas critical to my philosophy of practice. First, I give high importance in the service delivery process to demonstrating empathy and building rapport. I believe empathy and rapport are vital; the bedrock for successful intervention. A common misconception is that rapport and empathy are non-essential to the therapeutic process in REBT (Ellis, 1981). Yet, successful REBT therapists listen well and are sensitive to and accepting of their client (Ellis, 1981). Second, the case describes the development of constructive relationships with Tom and his father over a series of four sessions. The personality of the psychologist, meaning skills, values and self-knowledge, is the most important element in the likely success of any work carried out in the humanistic-existential tradition (Ronkainen & Nesti, 2017). To develop high quality working

relationships over such a short time span suggests my personal qualities of empathy and trustworthiness are critical, together with having a friendly and approachable demeanour. These personal qualities, amongst others, were previously highlighted by Chandler, Eubank, Nesti and Cable (2014) as key requirements for successful service delivery in sport psychology. One of my fundamental beliefs is that each person is unique, and the client is best placed to provide insight into both the problem and the solution (Rogers, 1951). Successful work in this tradition requires congruence and an appropriate skillset.

Finally, when consulting with a young athlete, practitioners should consider whether it is appropriate to involve a parent (or guardian) in the sessions. Based on *my* preference and *a priori* beliefs that the client would be more likely to divulge personal information without a parent present, the first session involved just Tom and me. It did not start particularly well. He was reserved, rapport building was slow, and it was difficult encouraging him to talk at length. Furthermore, when questioned later about the session by his parents, he was unable to communicate much of the detail of what we discussed. Although I was confident Tom had understood what we discussed, his father suggested it might be helpful for him to attend the remaining sessions. Tom and I were both agreeable to this and, with hindsight, it did benefit our work. Tom began to relate his experiences in greater detail. His father then offered his observations, which triggered Tom to offer further insight. This contributed to me obtaining a clearer picture of what was happening. I could then provide targeted support to meet the specific needs of the case. In consultations with youth athletes, neophyte practitioners should carefully consider who to involve in the consulting process. When making this call, sport psychology practitioners should note the words of Andersen (2000) and consider, whose interest does it serve?

### Conclusion

This case describes how the principles of REBT were implemented to influence the performance related beliefs of a national level junior tennis player. Initial needs analysis highlighted Tom held unhelpful and factually incorrect beliefs about professional tennis players. I guided him through the five stages of REBT. This helped Tom to understand how his beliefs were affecting performance. I challenged those beliefs and helped him replace them with a more helpful rational philosophy. Initial needs analysis also highlighted Tom's loss of focus during competition. This emanated from the behavior of some opponents, which he perceived as unsporting. We collaborated to develop and implement a distraction control plan. This gave him a reliable heuristic to draw on in high pressure situations to maintain focus on task-relevant cues. Although, at an early stage of my applied career and having scant experience with the cognitive-behavioral approach, it proved effective, based on the measures discussed, in this case. My reflections of the service delivery process, allied to the qualitative feedback received from Tom's father, highlight the apparent effectiveness of the intervention. Practitioners should be flexible enough to consider a range of support techniques to meet athletes' individual needs.

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